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HEALTH

FOUNDED BY THE LATE Dr. U. RAMA RAU

A JOURNAL DEVOTED TO HEALTHFUL LIVING

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M.B.

What's New in the News?

Operating Theatre on Wheels

A mobile operating theatre called a "*Klinomobil*" has been produced in Germany and is being used by the Heidelburg University Hospital in cases of serious street accidents, where it would be dangerous to move the injured person to hospital immediately.

The theatre contains a light generator, a hot water boiler, a small blood bank and necessary surgical instruments and is staffed by a surgeon, two assistants and two nurses. The 'Klinomobil' is stated to have saved many lives during the few months it has functioned.—(*Scientific Advances in Medicine* via *W.D.*).

Pocket Radio

The New York Police have been testing a new miniature radio communication system. The receivers can be carried in a shirt pocket as they weigh only about 10 ounces. Police headquarters can keep in touch with guards and men on the beat who are equipped with these instruments. A use to which the miniature receivers have already been put is in keeping in touch with drivers in car races. These sets will be in the general market before the beginning of next year.—(*World Digest*, November, 1957).

Falling Leaves

The mechanical harvesting of cotton is hampered by the leaves on the cotton plant. If the harvesters wait until frost appears and causes the leaves to fall naturally, the crop of cotton is of poorer quality and there is no time for planting a winter cover crop.

A spray chemical has now been developed which causes the leaves alone to fall while still green, regardless of the weather, five to seven days after application.—(*What's New in Science*, November 1957).

Vapour Prevents Rust

Research has recently shown that wrapping papers impregnated with certain chemicals could prevent stored metal goods from rusting, even when moisture was present. Scientifically, this has been called vapour-phase-inhibition of rust—that is, the slight release of vapour from the chemical is enough to stop rusting within the storage space.

Considerable use has already been made of this discovery by industry, particularly in packing metal goods for distant export orders. Now the little man can also enjoy the benefits of this advance, for a London firm is selling a small user's pack of rust-preventing paper, eight sheets—15 by 20 inches each—for use in drawers, tool-boxes, etc.

There is no need for the paper to be in contact with the metal articles; it is effective within 12 inches.—*Popular Science Items.*

Respirator, New Pattern

A Clitheroe medical student has taken out patent rights in a new artificial respirator. It consists of a belt, bellows, and an electrically-operated pump. The belt is fitted round the patient's waist, and bags incorporated in it are inflated, causing pressure to be exerted on the diaphragm. Rhythm of breathing is adjustable. The prototype is already more mobile than existing respirators, but the inventor believes that it can be further reduced in weight and size.

It should also be much cheaper than other respirators, and prove most valuable to patients whose respiratory muscles are paralyzed, or partly paralyzed, by poliomyelitis. —(*Sc. News : W.D.*).

Lights Without Bulbs

Experiments are being carried out with an entirely new form of lighting, technically known as electro-luminescence, which does not use bulbs or tubes. Light comes from half-inch-thick panels, consisting of a back board, an inner layer, and a transparent outer covering. When the inner layer is stimulated by an electric current it becomes luminous, and buyers, will be able to choose between pastel shades of pink, blue, green or orange-yellow luminosity. It is anticipated that the panels will be available for commercial lighting within the next few years.

Concrete Aircraft

In France experiments are being carried out in the use of concrete, reinforced with pre-stressed pianotype wire, for the manufacture of aeroplane wings. It has been found that a thickness of only a quarter of an inch will give adequate strength, and at this thickness the wings are only three per cent heavier than those made with more conventional materials.—(*World Digest*).

Ashtangasareeram

By

P. S. VARIER.

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MANAGER,

ARYAVAIDYASALA,

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A Journal Devoted to Healthful Living

HEALTH

Founded by the late Dr. U. Rama Rau in 1923

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CHILDREN'S HEALTH

(Significance of 14th of November)

THE Indian Council of Child Welfare has chosen the 14th November every year, which happily coincides with the birthday of our beloved Prime Minister, Sri JAWAHARLAL NEHRU, as Children's Day to be celebrated throughout the country. His love for children is spontaneous and effusive, brimful of sincerity and effulgence. Wherever he goes, to America, England, France, Germany, Russia, Japan, China or Indonesia, he finds or rather makes the time to spend a few hours in the company of children. This we believe, is the secret behind his perennial youth and vivacity; and so it is in the fitness of things that on the children's day it has been planned to add to the joy and happiness of the myriads of children all over India, by means of fairs, feasts, rallies, sports, games and baby shows. The primary object is to focus attention and make the people of the land child-care-conscious, so that they may shake off their lethargy, indifference and superstitious beliefs and devote special attention to the welfare of the child; and it is the duty of the Centre, and the State Governments to organize these celebrations and provide the impress of State support for a great national cause.

Child welfare is a very vast problem and in under-developed areas the attempts so far made have only touched the fringe of the problem. Poverty, malnutrition, and lack of pre-natal care, have contributed jointly and severally to the prevailing high incidence of morbidity and mortality in children. In India today out of every 1,000 live births

110 to 120 infants die in the first year of their lives but we have the small satisfaction however, that ten years ago the rate was round about 160 per 1,000. With greater pre-natal, natal and post-natal care these rates must get reduced still further.

The curative and preventive services available, particularly in rural areas, are woefully inadequate. And the facilities available in the majority of Indian homes and afforded by the States Governments are not such as will enable the child to develop into a strong and healthy human being.

The system of providing mid-day meals presently in vogue, in many schools has brought new hope and a much needed supplement of good food to many poor and needy children and should be expanded to cover all schools in rural and urban areas.

Again, if the children are not given the requisite recreational facilities during the formative stages of their career they cannot be expected to grow into robust, healthy and mentally well-poised citizens who will help in the promotion of national welfare.

A thorough change from the present unsatisfactory conditions offers a challenge which has to be bravely and squarely faced, by parent, teacher, and administrator alike, if Indian youth is to progress and fall into line with the youth of the more developed countries of the world as regards physique and mental health. The Second Five-Year Health Plan envisages the provision of many facilities to children and we hope the plan will not suffer any set-back owing to the lack of monetary aid.

The Children's Day celebrations will serve to focus public attention on the imperative need for promoting child-health and child-care which is one of the objectives of the Social Commission of the United Nations. All the Western Countries both capitalistic and communist, as well as a few of the resurgent countries in the Far-East have forged ahead in this direction during recent years. In the United Kingdom, the U.S.A., Sweden, Russia and more recently in Japan and China, child-care has achieved remarkably good results. Infectious diseases like diarrhœa and tuberculosis, which are accepted as inevitable in the child's life in India have been reduced in the above countries, to a low incidence. Fifty years ago, conditions there were no better than they are today in India. Systematic and planned propaganda and the utilization of the knowledge gained regarding the Science of Nutrition, proper feeding of infants and children and the provision of necessary facilities for the school-going children to develop their physical and mental stamina, have all helped to bring down the incidence of preventable diseases in the growing children and adolescents. Environment has been greatly improved and preventive prophylactic measures adopted, all of which have brought about a great improvement in the living standards. If this has been possible, elsewhere why not in India?

SOME COMMON PROBLEMS IN INFANT WELFARE

I

H. P. TAIT, M.D., F.R.C.P.E., D.P.H.,
Child Welfare Medical Officer, Edinburgh

BROADLY, these problems resolve themselves into those concerned with feeding and nutrition, skin, respiratory, eye, ear and congenital conditions, protective inoculation, as well as some behaviour-problems which, if improperly handled, cause discomfort to the child.

Feeding and nutritional problems.—1. *Failure to breast-feed* the infant may safely be said to constitute *problem number one.* Though *real* causes, of course, do exist which prevent or make it impracticable for a mother to feed her infant, most of our failures to get babies breast-fed are attributable to two main factors :—

(*a*) Inadequate preparation, physical and psychological, of the mother antenatally.

It has been proved that breast feeding, is safer for the infant than artificial feeding, as he is less likely to acquire infections and those which he does contract he throws off more readily; the close bond forged between the two will have an important bearing on their relationship as time goes on. Thus, an essential part of ante-natal care should be an explanation to the mother of the value of breast-feeding and the pleasure and satisfaction it will give her. (*b*) Lack of patience in the management of the lactation period

Both doctors and parents are at fault, they sometimes lack patience, the commonest fault being the readiness with which the insufficiency of breast milk is diagnosed. The unnecessarily early introduction of complementary feeds, which all too soon become full artificial feeds result in taking the baby completely off the breast. Much of the deficiency is our failure to manage the lactational period satisfactorily; for example, to ensure adequate emptying of the breasts after feed, or by adhering to too rigid a feeding time-table, or by being dissatisfied with a steady weight-gain but one which we feel is too slow, or by a lack of appreciation that infants vary in their feeding characteristics. Quite apart from these matters, the actual technique of feeding as practised by the mother is important.

2. *Artificial feeding* :—The commonest problem in the artificially fed infant is the tendency towards underfeeding and too rigid an adherence to formulæ printed on tins of dried milk, by the unnecessarily long use of half cream varieties of such milk. Each child should be given what he wants and needs, not what is merely the average feed required for a child of that age. Appetite is the real guide in artificial feeding. The bogy of overfeeding is the main obstacle to be overcome nowadays when dealing with a healthy, mature infant, and methods of feeding are now much less rigid than formerly. As in breast-fed

infants, the technique of feeding must be observed; for example, colic, flatulence and vomiting may result from the use of a teat with too small a hole, or the bottle may be held by the mother wrongly and in such a way that the infant sucks a mixture of milk and air.

3. *Weaning*:—There is an unfortunate trend at the present time towards weaning of both breast and artificially-fed infants at about two to three months and it is sometimes difficult to persuade mothers that this is quite wrong. Most of these modern mothers are those who read or hear about "new advances" in infant management and want to apply them to their offspring. There is no justification for introducing mixed feeding before four and a half to five months.

4. *Diet after weaning*:—A child should be allowed as much milk as he wants because of its excellent nutritional value. When he drinks a lot, a child may eat relatively little solid food. The parents then feel he is not eating enough and begin persuading and then forcing the child to eat unwanted food. The child's normal reaction to this pressure is increasing resistance with less rather than more food being taken. The parents must realize the child's needs, the great variations in the amount of food a child may eat, the necessity for patience, allowing the child to feed himself in spite of the mess produced and not showing undue concern when he leaves much of his meal unconsumed.

5. *Vitamin administration*:—Orange juice, well diluted, should be begun when the infant is about a month old, starting with a teaspoonful or two and gradually increasing the quantity. The juice should be continued up to five years of age. Similarly, cod liver oil or other source of vitamins A and D should be started for the breast-fed infant or one fed on liquid cows' milk at one month old and continued thereafter.

6. *Three months' colic*:—This curious condition is a not uncommon source of worry to mothers for which advice is sought; it occurs in infants who are making normal satisfactory progress. The usual time of onset is about three to four weeks of age. It is more common in breast-fed than in artificially-fed infants and the usual time of day at which the colicky bouts occur is between 6 and 10 p.m. The infant then has a violent screaming attack with drawing up of the legs. The bouts which recur during the night last a few minutes, even though the infant is picked up and comforted by the mother, and usually and quite suddenly stops with the passage of flatus. In the majority of cases the attacks cease around the age of three months, hence the name, but may continue beyond this age. Treatment is, unfortunately, rather unsatisfactory. Sedatives and carminatives may be tried. The baby should be picked up and soothed. It is important, however that the baby should not be taken off the breast.—(***Mother & Child***, London, March 1957).

(To be continued).

ARTIFICIAL RESPIRATION TECHNIQUE

FOR INFANTS AND CHILDREN

At the request of the American National Red Cross, the National Academy of Science–National Research Council convened an *ad hoc* Panel on Manual Methods of Artificial Respiration on 8th March 1957 to advise as to the best method presently available for administering artificial respiration to infants and small children. The panel, comprising many eminent authorities on the subject, unanimously recommended the technique described below:—(Editor, *Med. Tech. Bull.*, May-June 1957).

Technique for administration. —*Step 1*:—Clear the mouth of any foreign matter with the middle finger of one hand. With the same finger hold the tongue forward.

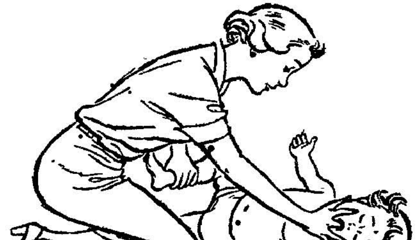

Fig. 1

Step 2:—Now place the child in a face-down, head-down position and pat him firmly on the back with the free hand. This should help dislodge any foreign object in the air-passage.

Step 3:—Place the child on his back and use the middle fingers of both hands to lift the lower jaw from beneath and behind so that it "juts out."

Step 4:—Hold the jaw in the position in *Step 3*, using one hand only.

Fig. 2

Step 5:—Place your mouth over the child's mouth *and* nose, making a relatively leak-proof seal, and breathe into the child with a smooth steady action until you observe the chest to rise. As you start this action,

Fig. 3

Fig. 4

move your free hand to the child's abdomen, between the navel and the ribs, and apply

continuous moderate pressure to prevent the stomach from becoming filled with air.

Fig. 5

Step 6 :—When the lungs have been inflated, remove your lips from the child's mouth and nose and allow the lungs to empty. Repeat this cycle, keeping one hand beneath the jaw and the other hand pressing on the stomach at all times. Continue at a rate of about 20 cycles per minute. After every 20 cycles you should rest long enough to take one deep breath. If at any time you feel resistance to your breathing into the child and the chest does not rise, repeat *Step 2,* then quickly resume mouth-to-mouth breathing.

Use for injured adults.—The question often arises concerning a technique to use on adults when the chest cage is injured and compression of the chest would do further damage, or when fractured upper extremites would eliminate the expansion phase of "push-pull" techniques. The mouth-to-mouth or mouth-to-nose technique may be used in these cases also; however, the cycle should be slower than that used for children. Approximately 12 cycles per minute should be adequate. The lower jaw must be held in the "jutting out" position with both hands at all times.

Comfort in Car can Kill

Comfort can be a killer.

Modern, high-speed roadways eliminate many of the annoying aspects of driving. A motorist doesn't have to do much more than to keep a hand on the steering wheel, and a foot on the gas pedal. Stop-lights are few, turns are almost never sharp, and other cars are usually a comfortable distance away.

Each additional convenience means additional danger to the driver. One of the biggest threats to human life on highways is road hypnosis—a state of blurry half-sleep, brought on by the monotony of driving.

The purr of tires, a spot of sunlight on the dashboard, or hood, an unchanging ribbon of roadway, soft radio music, the hum of the engine—all can hypnotize a driver.

Many precautions can be taken. They include conversation, frequent stops, drinking a cup of coffee, and running the windshield wipers to wake up tired eyes.

If sleep seems inevitable, it pays to pull over and take a nap. It's better to lose a few minutes of travelling time than to run the danger of hurtling to violent death behind the wheel of an out-of-control car.—(*National Naval Medical Centre News*).

SORE THROATS

B. F. CHURCH, M.R.C.S., L.R.C.P., *London*

SORE throats are extremely common in children. Youngsters between the ages of five and fifteen seldom, if ever, escape them.

The throat is easily seen. Open your mouth in front of a looking-glass and say a-a-ah. You can see the roof of the mouth covered by the hard palate. It continues back into the soft palate. The soft palate dips down into the uvula. If you follow the line of the uvula on each side you will see fine muscular arches covered with red mucous membrane. Behind these arches lie the tonsils. They are in effect large lymph-glands which act as a barrier to trap germs breathed into the mouth.

Tonsillitis is perhaps the commonest form of sore throat. Few children grow up without at least one attack.

It is the first thing to think of when a child complains that it hurts when he swallows. He often feels ill, too. He doesn't want to eat much though he will drink a lot.

After you have put your child to bed, isolated from the rest of the family, of course, send for your doctor, because tonsillitis is not the only cause of a sore throat.

Diphtheria should be out of the question, if your child has been immunized. Scarlet fever is a possibility. But it usually starts with a headache and vomiting as well as a sore throat. And, of course, there's a rash.

If it is tonsillitis, treatment means: bed with lots of blankets and safely covered hot-water bottles. Give your child plenty to drink, fruit drinks, syrups, anything he fancies.

Complications are unusual. But two are particularly important. The first of these is when the glands at the angle of the jaw and in the neck become swollen. Don't forget to tell the doctor if this happens. The second is pain or discharge in the ear. In both these cases the sulpha drugs or very occasionally, penicillin may be ordered by your doctor.

But remember that in ninety-nine cases of tonsillitis out of a hundred, there are no complications and recovery is fairly rapid.

About diphtheria: Cases may still occur, in spite of immunization. The important thing is that the doctor should be called at once. The reason is that every doctor who suspects diphtheria likes to give an injection of diphtheria antitoxin on that suspicion alone. He always takes a "swab" from the throat as well, so that the diagnosis can be confirmed or disproved in the laboratory.

If there are other children in the family, then they too may be given a small dose of antitoxin, if diphtheria is suspected.

Antitoxin will make the attack less severe but germs persist in the throat for one or two, occasionally three, weeks whether or not antitoxin has been given. The child is usually isolated

until no germs can be found in the throat.

The trouble with all this is that it is necessary for a child to be in hospital for the proper carrying out of these tests.

A sore throat can be a part of a general bodily disease. One of the defences of the throat against infection is the presence of healthy cells in the blood-stream. The throat has a very good blood-supply. Should these cells diminish, as they can in a severe anæmia, the throat's resistance to infection becomes abnormally low. In this way the sore throat that follows is often a useful pointer to serious disease elsewhere.

Remember that the normal secretions of the throat are part of the body's defences. They work well. It is bad to neutralize them with strong antiseptics. Furthermore, the infection is not simply lying on the surface of the throat. That is why painting the throat seldom does even the slightest good.

Finally, a word about gargling. A warm gargle may feel soothing. But, like painting the throat with antiseptics; it will seldom reach the offending germs which lie deeply. It is not curative. And it can be dangerous.. The throat is connected on each side to the middle of the ear by two passages, the Eustachian tubes. They keep air pressure balanced on each side of the ear drum. A gargle can easily spread germs up these tubes into the ear. And, as I said before, ear infection is a serious matter and needs a doctor's care.

To sum up, a few throat infections are serious and do need special treatment. But more often, a sore throat is such a minor illness that sensible home nursing should cure in two or three days without any trouble at all. —(*Family Doctor*, Sept. 1957).

A Point to Ponder Over

G. K. Chesterton in What's Wrong with the World.

In everything worth having, even in every pleasure, there is a point of tedium that must be survived, so that the pleasure may revive and endure. The joy of battle comes after the first fear of death; the glow of the sea-bather comes after the icy shock of the sea bathe; and the success of marriage comes after the failure of the honeymoon. All human vows, laws and contracts are so many ways of surviving with success this breaking point, this instant of potential surrender.

Physician

The physician derives his name from the Greek word "physis," or nature and the Greek term "physike" meant a knowledge of nature. Included under nature were all of the natural sciences including biology and medicine. Because the teaching of medicine came under the general heading of "physicus," the practitoners of this natural science became known as physicians. The term came into English *via* the French in about the thirteenth century.

—*(Harry Wain).*

MANAGEMENT of FOOD STORES

D. N. DEBSARMA,

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Dibrugarh, Assam

CONSIDERABLE wastage and loss due to defective and improper storage of provisions are daily occurring in many of our households in India. Rats, mice, cockroaches, weevils and other insects eat, spoil and soil the foods, when they get easy and ready access. The economic loss and the potential harm to health from such pests, are manifestly great. It is therefore, necessary that the conditions of storage of food articles should be perfect and pest-proof. They should be stored in a separate well-lighted and ventilated room provided with wire-mesh doors and windows. The doors of the screened windows should be left open during the day time to admit of free circulation of air and light through the wire-netting. Vegetables should be placed as far as possible on elevated wooden or masonry racks and allowed to be well-aired. The flooring of the room should be *pucca* and kept always clean, and the walls and ceiling frequently dusted free of cobwebs, soot, dirt etc. Root vegetables and tubers in storage should be frequently examined for evidence of rotting and the rotten ones promptly removed. All containers for dry articles of food, whether metal or earthenware should be provided with tight-fitting lids and covers. Butter, ghee and oils need special attention during storage. Dirty people and those suffering from infectious diseases should not be allowed to handle food articles, particularly those which are consumed raw.

Food-containers used for the storage of pickles, curds and other sour preparations should be properly tinned, if they are of metal and not of procelain or earthenware. Metal containers with defective tinning (*colloying*) are liable to grow *verdigris* (a poisonous green growth) if acid foods come in contact with exposed surfaces. Tinned foods should be examined carefully before opening for evidence of "*blowing*," *i.e.*, fermentation and spoilage due to harmful bacterial contamination, and on even slight suspicion should be rejected as otherwise there is grave danger from food-poisoning. Articles of food liable to rapid deterioration should be stored in refrigerators, if such are available. The store room or larder as it is called, should always be kept hygienically clean and spitting or blowing of the nose within the room should be prohibited. The larder, like the *poojah* room in our households, should be considered sacrosanct and always maintained in a perfectly clean condition.

Proper exercise is as essential to good health as eating and sleeping.

—(Dr. P. D. White).

What Every Adolescent Boy Should Know

(The Perils of Promiscuity)

Dr. MARION HILLIARD,

Chief of Obstetrics and Gynæcology, Women's College Hospital, Toronto, Canada

ADOLESCENT boys seem to have a compelling need to prove their manhood. The means differ in every neighbourhood. Sometimes a boy can prove himself by risking his neck in a high dive off a bridge; sometimes by scoring a try while draped with enemy tacklers; sometimes by driving a battered car at a speed approaching that of sound! Most of the so-called wildness of youth is the necessity to demonstrate daring in order to satisfy the developing sensual appetite.

The falsest proof is manhood that can be devised—and some teen-age societies demand it—is the physical act of love. A boy believes he must prove himself by succeeding with the town child-harlot or with some older woman.

There is a real danger inherent in this. The boy certainly will be awkward, and it is possible that he will fail in this initial attempt. Such failure may frighten him. He may even suffer from impotence afterwards—psychological impotence afterwards—psychological impotence is a demonstrable fact. Parents must help their sons to find a more acceptable method of proving themselves.

But parents, who know so well how to administer a boy's pocket money, how to regulate his home work, how to get him to remember to tuck in his shirt, are prone to mishandle the problem of his sexual urges.

Some parents assume the situation is adequately covered with a curt "don't"—which is disastrously unhelpful. Others carefully explain that a boy and a girl have the power to start a life, a power too magnificent to be used casually as a toy. This is better, but it also falls short. *Adolescent boys need to know that promiscuity is habit-forming and can make a shambles of their adult lives, with all the attendant disastrous consequences.*

Promiscuity is, in fact, a mass of contradictions. It is not the indulgence of confident, capable men, but of men who have been defeated. It doesn't attract men of achievement, but only men *looking for* achievement.

Promiscuity destroys a person, much as a narcotic does. It has the identical effect of blacking out disappointments and making a man feel nine feet tall—*and* it has the same hangover the next day, with the disappointments still unsolved and the man even less able to cope with them! The promiscuous man is not oversexed at all; he's undersexed. He's not seeking to give something, but to get it.

This desolate pattern can be set in adolescence. A boy must not indulge himself in his youth if he wants to be a coherent,

secure adult. He might keep in mind that *gluttons don't and can't enjoy the taste of food.*

A youth should understand his own biology. Throughout the life-span, the male urge for sex is much stronger than the female. It is the boy who will light the bonfire. The best prevention of burns is to make certain that the location prohibits the fire getting out of hand. A boy must appreciate that the act of love is outgoing; it can only be debased, possibly for ever, by trying to make it a "manly" achievement.—(*Reader's Digest*, August 1957).

EAT YOUR TROUBLES AWAY

BREAKFAST :–Almost every time I step down from a lecture platform to answer the questions with which my listeners bombard me, I hear this complaint: "I have to be dragged out of bed in the morning."

One svelte (lightly-built) young lady in Chicago told me, "My eyelids are so swollen every morning, I can hardly see. I wander through my shower and dressing half-blind."

"How do you cook your breakfast ?" I asked Miss C.

"Oh, that !" she gave me an embarrassed look before confessing: "I just grab a cup of black coffee at the snack-bar before going to the office..."

"What you're telling me is that you try to run your machine without any fuel," I interrupted.

Miss C was immediately on the defensive. "If I ate breakfast, I'd get fat."

She appeared to be an intelligent career woman. I asked her, "Do you drive a car ?"

"Why, yes !" she said. "Yes, I do."

"And how do you start that car in the morning ?"

"Why, you turn on the ignition, step on the starter, feed it some gas......" She stopped suddenly. It dawned on her that, as a car couldn't start without extra fuel in the morning, neither could her body.

Breakfast is the time when you lay the nutritional foundation for the activities ahead of you during the next twelve to sixteen hours. And too, you may be smarter at 11 a.m. if you had a good breakfast before 8 a.m.

Most important food value at breakfast is protein—from nutritious protein-bearing foods like eggs, milk, cheese, and other dairy products. Everyone needs the irreplaceable nutrition provided by a high-protein breakfast—remember, your body has been fasting all night.

A high-protein breakfast is less likely to add pounds than any other meal of the day. It raises the blood-sugar level from its low morning point, nourishes and repairs every tissue of the body—and, not to be ignored, gets the day off to a good start !

Perhaps, like Miss C, you would appreciate your need for

proteins if you realized their importance to you.

They are the bricks of which your body is built. Just as clay bricks are important to the building of houses, so proteins build, repair, and maintain your body.

More than 1/120 of the body cells die and are replaced every day. And cell-replacement requires plenty of protein. Every part of your body needs this vital substance: your blood, tissues, organs, skin, hair, brain, fingernails, and toenails. Protein is the main support of your body.

Protein means essentially "coming first"—and this is exactly where protein foods belong in your diet!

Only by eating protein foods three times a day, and substituting skimmed milk or buttermilk for the soft-drink pick-ups, would Miss C be able to ease the puffiness of her eyelids. Plenty of protein would enable her to greet each working day by bouncing out of bed!

I assured Miss C that as long as she satisfied her hunger with protein foods, she would never have to worry about losing her figure.

Proteins are the builders of our bodies; they do not cover them with a frosting of fat, causing us to bulge in the wrong places.—(*Condensed from the book published by Herbert Jenkins,* London).

Your Electric Supply and You

Electricity is no doubt clean, safe, labour-saving and fairly cheap. It can be put to a wide variety of uses in the home but, like everything else from a match-box to a motor car there is a right and a wrong way to use it. Here are some points to know and remember:—

(1) *Cleaning and maintenance*:—(*a*) See that the lamps and shades are properly replaced; (*b*) Keep damp cloths away from plugs and sockets; and (*c*) Renew all worn flex promptly.

(2) *Extensions*:—Make sure your installation will stand an extra load, before you think of an extension.

(3) *Alterations and repairs*:—These are technical jobs which a professional skilled man should do; so don't attempt to do them yourself.

(4) *Check your voltage*:—It is important to use only lamps and other electrical apparatus stamped with the voltage indicated on your supply meter. For instance: if your supply is 240 volts, a lamp marked 230 volts will burn out prematurely.

(5) *Safety precautions*:—Always switch off the current: when (*a*) replacing fuse wire; (*b*) replacing a lamp; and (*c*) connecting or disconnecting a plug. Never leave a socket *'live'* where children can get at it and train your children never to touch any electric fitting.

(6) *Pennywise-Pound foolish*:–It is false economy to buy electrical equipment *on the cheap.* Buy always a well-known reliable brand from a reputable firm.

(7) *Spare lamps*:—Even the best of lamps will not live for ever and the chances are that it will burn out after dark when shops are closed. To save yourself trouble and inconvenience, always keep some spare lamps in your cup-board.

(8) *Fans*:—They need looking after, periodical cleaning, oiling and other attention particularly to the nuts and bolts used in clamping and to the screws used to fix the blades in the motor frame.—(Adapted from *The Onlooker,* for 15-11-'57).

Pregnant Ladies! LOOK AHEAD

(BABY ON THE WAY)

("The Health of your fast-growing baby and indeed your own health depend to a very great degree upon what you eat" says Professor J. C. McCLURE BROWNE, F.R.C.S., F.R C.O.G.)

ONCE you know you are pregnant, what should you eat, and what should you drink, while you are expecting your baby ? Let's get straight down to brass-tacks, and discuss your diet in pregnancy in straightforward terms. As a general rule, you should eat all the things you are used to. But you should bear in mind that the health of your baby after the birth is determined to a large extent by what you eat while pregnant.

The food we eat serves three purposes. The *first* of these is to provide energy for every activity, even breathing. It has to give us the energy essential to keep us alive, and the energy which we use in bodily activity, such as moving about. The *second* purpose of the food we eat is to replace that material we lose through ordinary wear and tear. Each day of our lives some of the cells of the skin and muscles and other tissues wear out and must be replaced by new ones. This process goes on continuously throughout life. The *third* function of food is to provide the material and energy for the process of growth. This is most important, obviously, in children.

When pregnancy begins, extra energy is required. True, very little extra energy is expended by moving about, especially in the earlier months of pregnancy, but more energy is needed for the basic work of keeping alive. Only a small fraction of what you eat is needed for replacement of worn out tissues, but the energy needed for growth of the baby is enormous compared with its size.

Remember that while in the womb the child doubles its size many times. To do this requires a vast amount of energy relative to its weight. So the proper materials must be supplied in the right quantities to build the different tissues of the baby's body—the bones, the teeth, the blood, the muscles and nerves and skin, not to mention the various internal organs.

The food we eat falls into three separate categories :-(1) the starchy foods—carbohydrates—which provide energy alone ; (2) the fats which provide for a further source of energy as a reserve, and which also make the fat which lies just under our skin and (3) the proteins, or body-building foods, such as meat, fish, eggs, and so on, which provide energy, but also supply the raw materials necessary for the formation of the various tissues of the body. In addition there are various essential chemical substances—oe minerals—such as iron and calcium, or lime, which we must take in sufficient quantity to meet the needs of the baby. And also we need vitamins, of which we obtain a sufficient supply if we eat any reasonably well-balanced diet.

When you are going to have a baby, you need especially your proteins, vitamins, and minerals.

Why Milk Matters.—Because of the need for calcium for your baby's bones and teeth, you should drink at least one pint of milk a day. If you can drink two pints of milk, so much the better; your baby's teeth will be good and his bones will be straight and strong. You should eat foods which contain adequate amounts of vitamins, and iron, as well as protein.

It is definitely best only to eat starchy foods such as potatoes, bread and sugar in *moderation*. The amount of sugar taken in for instance, tea or coffee should be limited to a level teaspoonful with each cup. More than that can be harmful to the pregnant women. Three pints of liquid in one form or another should be drunk every day.

You must restrict your salt-intake as large amounts of it are not good for the system, when pregnant, because it may make your legs, fingers and face swell, and make you feel altogether rather ill.

Cooked cabbage, tender greens, cauliflower, or Brussels sprouts, are good to eat. It is very important, because of their vitamin content, to eat fresh green vegetables and salads such as tomatoes, lettuce, cress, coriander leaves (betel leaves after food) and so on regularly. Ripe fruit, such as bananas, apples, oranges, peaches, pears and currants are beneficial, and should be eaten daily, uncooked. Green vegetables are also an important source of iron, and a sufficient amount of iron is essential to prevent anæmia in yourself and your child.

You can obtain through your local welfare clinic, either free or at a very low price, a regular supply of cod-liver oil, or vitamin A and D capsules. You should take two teaspoonfuls of cod-liver oil, or one or two of the capsules every day. In winter time especially, when greenstuffs are scarce, it is a good thing if you take regularly fresh orange juice, which has a high content of Vitamin C.

Every expectant mother should take a small dose of iron in tablet form daily throughout her pregnancy. You can obtain this from your doctor. If you like a mid-morning snack, take milky coffee or tea, malted milk or some similar sort of drink.

First few weeks.—Vomiting of pregnancy or morning sickness usually occurs during the first ten or twelve weeks, and one need not worry about it. By the end of the 4th month, you should follow the diet described above.

A very common problem during pregnancy is that of constipation. It can usually be prevented by taking enough breakfast cereals, green vegetables, salads, fruit and so forth in the diet. If it becomes troublesome, take a mild laxative, such as senna-tea.

Liquid paraffin must be avoided as it interferes with the absorption of vitamins from the bowels. All strong laxatives and

purgatives should be avoided as they may even cause a miscarriage in some women.

The expectant mother should have a daily bath, taking care not to have the water too hot.

No douche should ever be used during pregnancy as this is highly dangerous.—(*Family Doctor*, Feb. 1957).

NEW SURGERY *for* BAD HEARTS

(A simple operation pioneered by a modest Italian surgeon holds out hope for many heart-disease sufferers)

J. D. RATCLIFF

OF potential importance to many sufferers from heart disease—which causes some tens of thousands to die each year—is an operation recently developed in Italy which gives new vigour to ailing hearts. Technically simpler and less dangerous than an appendectomy, this operation can be completed in less than 30 minutes, and has even been performed under local anæsthesia. Yet complete or partial relief from the pain that accompanies the major types of heart disease has been obtained in nearly 80% of the several hundred operations performed to date.

In the course of a day the adult heart pumps about 15 tons of blood through the body. A small portion of this blood is kept behind to nourish the heart itself and supply its energy-requirements. For this purpose the heart has its independent circulatory system—the coronary arteries. The bulk of heart disease traces to clogging of these vital arteries. With age, they often narrow, harden, become obstructed with deposits. Or a branch of the coronary artery system may be stopped with a floating clot—a coronary thrombosis. When such things happen, the heart is in peril. The resulting chest pains are simply the cry of the hungry heart for more food—more oxygen.

In 1953 Dr. Mario Battezzati, Second in Command of the Surgical Clinic at the University of Genoa together with an associate, Dr. Alberto Tagliaferro found that once the mammary arteries were tied off, the blood *did* back up to provide nourishment to the heart. To get some estimate of the amount of this extra nourishment, the two young surgeons devised an experiment. In a dog, a heart attack of catastrophic proportions can be produced by tying off one of the two coronary arteries. With the blood supply thus diminished, the animal is left with only half a heart, and may be expected to die within a hour or so. But said Battezzati, suppose the mammary arteries were tied off at the same time?

The two researchers hovered over their "patient," the dog that should have been dead at the end of an hour. Instead, a day passed, and the dog still lived. Then a second, and a third day. By now the animal was up on his feet—wobbly, to be sure, but still alive. The

experiment indicated clearly that pinched mammary arteries provided enfeebled hearts with a rather *generous* new blood supply. There were more experiments, and finally the time arrived to step out of the laboratory and into the operating room.

On December 12, 1954, a patient was at hand—a 61-year-old carpenter who had been ill for some time, suffering from high blood pressure and artery hardening. Four months earlier a severe heart attack had left him a jobless semi-invalid.

Two days after the operation he was out of bed, walking round his room. Pain had magically vanished; his breathing was improved. On the fifth day he went home. Shortly thereafter he resumed work.

Ten days later the surgical team attempted the operation again, this time on a 59-year-old labourer suffering from angina pectoris. "Immediately after the operation," the surgeons noted, "the patient experienced a sense of complete well-being." Life expectancy for these two patients might normally have been measured in months. Today both are alive, healthy, free of pain.

By November 1955, Battezzati and Tagliaferro had completed 100 such operations in Genoa. Then they moved to the University of Turin where, in the course of a year, another 50 were performed. A recent check gives complete details of their first 70 patients.

Twenty-three per cent achieved, and held, excellent results. All symptoms of disease vanished, and electrocardiographic patterns returned to normal.

Thirty-one per cent got good results; electrocardiographic patterns did not fully return to normal, but breathlessness, fatigue and pain disappeared, and the patients were able to resume regular activities.

Thirty-two per cent got results graded as "fair." All noted improvement but reported occasional pain, though less severe than before.

Surgeons who have had experience with this operation believe that if its merit is proved in severe cases over a long period, it may become part of the routine treatment after heart attacks.

Great though its promise, Dr. Battezzati stresses that the new operation "will not rebuild old, ruined hearts. It does not do away with the need for medical treatments which are of proved value in coronary disease. It will do but one thing: provide better nourishment for the portion of healthy heart muscle that remains."

At least another two years will be necessary before this operation can be finally evaluated. But both Battezzati and Tagliaferro believe that if these checks confirm experience so far, it almost surely will become a surgical milestone.—(Condensed from *Reader's Digest*, Aug. '57).

HOW TO PROLONG THE PRIME OF LIFE

PAUL DE KRUIF

A BRILLIANT new science of nutrition, grown out of the discovery of synthetic vitamins, is demonstrating that old age need no longer be regarded as a sad dragging-out of existence. There is today chemical hope that for many it can be a period of active, productive life.

We now know that the time to try to push back senility is before we're old in years. Old age begins to sneak up on us even in our 20's. Nutrition scientists have uncovered a fantastic fact: though it's true that we are what we eat, what we eat—while seemingly adequate—may mean the *premature* ageing of many of us. But by using chemical knowledge now available this premature ageing can be reversed.

Keys to this reversal are the synthetic vitamins which are identical to those naturally present in our food. Even in the best diets, vitamins may exist only in borderline amounts; and some people, because of their inborn chemistry, require far more vitamins than others. As we grow older, the need of most of us for vitamins rises; we can't absorb or use them so well. So, a diet ample for one person may be deficient for another.

Hidden hunger for vitamins, however, is rarely for only one of these chemicals. In an epic 20-year investigation in America, Dr. Tom Spies and his associates screened 5,700 chronically sick people in the Birmingham-Alabama area. Of these, 893 were so feeble that most of them hadn't worked for years. They did not have TB, heart disease, or any standard, chronic sickness; these were ruled out by complete clinical and laboratory diagnoses. Their complaints masqueraded under symptoms of digestive, nervous and mental ailments. They were down-and-out physically and in *morale.* From age 30 on they all were old.

What they had in common was nutritional failure, due to the lack of several vitamins. This was revealed by the fading of one symptom after another, in response to a specific vitamin.

Then the Birmingham medical investigators went out for total recovery of all their 893 nutritionally disabled patients. They put them on diets rich in proteins, natural vitamins and minerals, supercharged with big doses of synthetic vitamins. They added dried brewer's yeast powder and liver extracts to furnish chemicals still unknown. It was a rugged test for the new science—the seemingly impossible task of rehabilitating these feeble people.

But the nutritionists won. All the patients went back to full-time work, as miners, ship-builders, steel workers, house keepers, farmers. Among them

were 41 young men, prematurely aged invalids, now vigorous enough to be accepted for unlimited service in the armed forces. The majority of these people had been brought to the nutrition clinic after they'd been given up by doctors as hopeless. Similar results have been achieved by British doctors working with groups of patients in Liverpool and Birmingham. Their salvation has encouraged many practising doctors; their new vigour testifies that premature ageing can be reversed and prime of life prolonged.

In the 1930's, working with his associates, Dr. Charles Best of Toronto—co-discoverer of insulin—put laboratory animals on diets deficient in just this one vitamin, *choline*. Their livers filled up with fat, arch-enemy of proper chemical activity of this organ. Devastating damage to the liver and sometimes the kidneys resulted. Then large doses of choline moved the fat out of the liver, and if given soon enough reversed the disaster.

Dr. Charles Glen King, Director of the Nutrition Foundation in New York City, believes that Dr. Best's discovery holds hope against those mid-life disablers and killers, coronary heart attacks, strokes, and disease of the kidneys—all of which seem related primarily to the piling up of fat in the liver. And it is a sinister fact that in most diets, the lipotropic (fat-moving) vitamin choline exists only in near-borderline amounts.

Huge doses of choline are helping some cases of cirrhosis of the liver. In a series of more than 250 cases, Dr. Frederick Steigmann of Chicago cut the immediate hospital mortality rate of 48 per cent down to 15·6 per cent by adding choline and other lipotropic substances to a high-protein, liver extract and dried brewer's yeast, high-vitamin diet. In its early use choline had a disadvantage; it sometimes upset digestion. This has since been solved by scientists of the U.S. Vitamin Corporation and palatable preparations with little or no side-effects are now on the market.—(*Reader's Digest*, August 1957).

Good Citizenship

1. Respect for oneself. 2. Respect for others.
3. Working well with others.
4. Holding close to one's ideals for one's home, community and country.
5. Participation in government at all levels, particularly local government (democracy only works when each individual assumes his share of responsibility).
6. Keeping sound in body, mind and spirit.
7. Obtaining as much formal education as is possible.
8. Assuming responsibility to help those less fortunate than oneself.

(Edward Foss Wilson, July 26, 1957).

THE CARE of the EYE

V. D. RAJAN, L.M.P.,
Nagapattinam

O

THE eye is a vitally important organ of the human body, which enables us to enjoy life in its various spheres of activity and so should be properly looked after, if it is to function well. Like any other organ of the human body, it is susceptible to infectious diseases, injuries and trauma, through want of adequate care and attention. Any slight disorder or ailment in the human eye should be promptly attended to; otherwise it may become chronic, assume serious proportions and may even end in loss of sight. City life with all its many attractions, distractions, and artificial pleasures, throws extra strain on the eyes and also subjects it to various disorders due to infections, strain etc. For the proper maintenance of the eye in its perfect functioning, our food should be of the right type, and contain an adequacy of the essential vitamins, particularly A and D, minerals, proteins, yellow and green vegetables, milk, cheese etc. In the absence of the vitamins the delicate lining membranes of the eye which, in health, should always be moist and shiny, become dry and have a sickly appearance. If our nutrition is defective, we suffer from several ailments and the eyes are not exempt but are liable to ulcerations, dimness of vision, twilight-blindness, and other maladies. Cigarette smoking and the use of alcohol exert a definitely harmful influence on the eyes. Artificial foods, hydrogenated oils and fats, synthetic foods, excess of coffee and tea-drinking are all deleterious to human health and to the eyes in particular.

Physical exercise in the open air is essential for bodily health and the eyes derive their share of benefit therefrom. Children who do not regularly engage in sports and games in the open air, but spend much of their time in close ill-ventilated dark rooms, are liable to suffer sooner or later from disordered vision and chronic eye troubles. People engaged in occupations using powerful artificial lighting and heavy furnaces emitting intense heat and glare are liable to get eye troubles and so should wear protective glasses while at work. The advice given by some irresponsible persons to view the sun directly every day for sometime in order to derive benefit, is certainly not good advice and should not be followed.

Rest to the eyes after constant use as in prolonged reading, writing, sewing, viewing cinema pictures etc., is very important, as the eyes will otherwise suffer from strain and defective vision necessitating the use of powerful glasses. The eyes should be regularly bathed in cold water morning and evening while washing the face and also before retiring to bed.

While reading or writing, the books or notebooks should be kept at the proper distance and light must be allowed to flow on the book from behind. Improper postures of sitting at desks

while working will affect the eyes.

The various toilet preparations, such as unguents, pomades, powders and paints, creams and collyria widely advertised are not necessary and are liable to affect the eyes adversely.

When there is defective vision, due to errors of refraction, or other weakened conditions of the eye-muscles and structures a qualified ophthalmologist must be consulted and his prescriptions for glasses must be got filled by a qualified optician. Thus should every one care for his eyes.

Should You Just Let the Baby Cry?

EDWARD DENGROVE, M.D., and DORIS KULMAN

TODAY'S young mother, caught in a period of transition, is often bewildered by the conflicting advice she receives and, herself a product of the more rigid approach to child-rearing, is often unsure what course to follow. Judging from her questions, one of the things that disturbs her most is what to do when the baby cries. Should she let him "cry it out?" If not, how best to quiet him? Should she pick him up every time he howls? Will this spoil him?

Incapable of speech or action, completely dependent on his environment, the infant cries because it is his only means of communication with the world. True, he uses it only to register protest. But actually he is doing as much as he can to improve things. For the rest, he must depend on the adult who receives and interprets his language. Before long, his mother learns to distinguish between his cry of hunger and his cry of pain; most of the time Baby's crying means his mealtime is overdue. Sometimes it means he's uncomfortable in soiled diapers or feels too warm, but the second most important cause of crying is due to "unknown reasons."

Mother can feed a hungry baby and change a soiled diaper but how is she to quiet him when he is crying for a reason unknown? Well, there is a definite relationship between the amount of crying a baby does and the amount of nursing care he receives: the more care, the less crying. In a study of babies during their early period at home, Aldrich *et al* found that babies cried less when at home with their mothers than they did in hospital nurseries, where individual attention is at a minimum.

Today, if the baby should require hospitalization, in many Western hospitals the mother would be not only permitted but encouraged to remain with him and perform for him as many of the necessary duties as she could. In numerous hospitals volunteer-women-workers are assigned to the pædiatric section: their task is to play with the babies, hold and cuddle them. It was not always so. You may remember when babies in hospitals were kept isolated,

visits from their parents discouraged and held at a strict minimum. And many babies in hospitals soon developed what was known as "hospitalism," a condition characterized by loss of appetite, poor sleeping ability, listlessness and a tendency to run a fever without apparent cause. Poor nutrition was held at fault first, then infection (which only meant the poor babies were kept more isolated than ever). But the condition disappeared rapidly when the infants were returned home to their parents' care, and physicians came to recognize that emotional deprivation—the isolation, the lack of handling, in short, the absence of "mothering"—was responsible for an illness which at one time claimed the lives of many hospitalized children.

So having his mother around him, being handled and fondled by her, not only reduces the baby's need to cry, but has strong positive effects on his health and emotional development as well. Anyone who has watched a young baby cry unheeded cannot but wonder at the extraordinary amount of physical energy he puts into it. His arms and legs strike out in every direction, and uncomfortable changes take place in his body. Dr. Therese Benedek says of the crying fit, "It causes disagreeable visceral sensations, perhaps also pains, and it can end in exhaustion. Even if it does not last that long it can be traumatic for the infant. During the screaming fit the infant is not responsive to any attempts to quiet him."

For all these reasons, it is not a good idea to allow a young baby to "cry it out." When he wails, first check his obvious physical needs. Then, if the crying persists though all else is in good order, hold him a bit, sing to him, let him know how much you love and want him.

Note:—The Indian mother is traditionally very good at this method of soothing a croso baby.—Ed. HEALTH.

Mothers sometimes fail to realize how much a young baby is alone and how much his mother's presence means to him. Any indication of your nearness may soothe him. And remember, mothering is his birthright and he should receive ample amounts of it even when he doesn't raise his voice to demand it.

Many mothers are upset because they believe their babies cry "too much" that is, they cry more than the baby next door who, perhaps, "never cries." Every baby cries, of course, but it is true that some cry more than others, sometimes a great deal more.

A common affliction in the first three months of life, colic is a symptom which can result from many things; if the cause can be found and treated, the condition can be promptly relieved. When the precipitating factor cannot be uncovered, medication, including sedation, may bring relief. Gentle rocking seems to soothe many babies suffering with colic.

As a matter of fact, any kind of motion appears to be helpful in quieting the bay who cries

for "reasons unknown." Babies seem to have an instinctive need for movement, some supplying it for themselves. There is the baby who "bumps" himself to sleep, rhythmically hitting his head against the crib; the baby who rolls his head from side to side; another who rocks himself back and forth on his knees. Music has soothing effects, and what child fails to enjoy rocking? Papa's rocking soon stills the baby's 2 a.m. howls as much because of the motion as the paternal contact; rocking is the quickest way te get a tired baby to sleep, a cranky one comforted. A return to the cradle—if you can find one!—would make life with junior easier many times.

Some parents fear that rocking, holding and similar attentions will become a "habit" and that the child will make excessive demands on them indefinitely. This is not so. The baby whose physical needs have been supplied, who has received adequate mothering and not been deprived of the attention he needs when he needs it—the baby who has not been left to "cry it out"—requires less and less of such attention as he grows.

Somewhere about the time he is ten months' old, he will have reached a phase in his development where he can recognize and accept the behaviour expected of him at bed-time. He may not always like it and, bright little fellow that he is, may put you to the test. At this point, it does no harm to let him cry it out for a night or two. It may even help to give him a serious talking-to. He may not understand what you're saying, but he is pretty quick to interpret the tone of your voice and, when he sees you mean business, will happily resume his normal bedtime routine.

There you are—life was so much easier and better for you both because you didn't let your infant cry, and all the rocking and cuddling you both enjoyed haven't spoiled him a bit!. (*Today's Health*, June 1957)..

WHAT EVERY HUSBAND NEEDS:

"Love and attention are not luxuries. They are essential foods of marriage"

HANNAH LEES

An eminent psychiatrist stated that the basic unfulfilled need of a married man today is for more warm love. He emphasized the words "*warm*" and "*love.*"

It is essential to a man's well-being that he feel virile and physically attractive. Men who don't wear themselves out trying to find the nourishment of love in work. Most men are too proud to ask for love and attention though they are hungry for it.

It is remarkable how a little spontaneous wifely-affection can take a man's mind off his worries. It can be a demonstrativeness that is frankly seductive or it can be demonstrativeness that is an end in itself. The important thing is not how much sex a wife offers but how much love. I think we women often

have trouble helping our husbands to feel really close and warmly loved because we get *mixed up about love and desire.*

Love varies tremendously, and so does a man's need. One of man's most basic needs is for the love he has known from his earliest moments.

Marriage is for mothering all right, and this is one of the kinds of love that wives must learn to provide. But all women with husbands also have to learn for themselves the balance between too much mothering and not enough. For one of the basic masculine characteristics is a desire for freedom. Often the freer they are to do masculine things, the less they will want to. But they all need to *feel free.*

The best way to keep a man from feeling trapped is simply not to trap him. This involves loving him enough to let him be free to do his job in his own way and to enjoy the hobbies that fill up the chinks in his personality. It also involves letting him feel free to enjoy other people.

A great many women who are quite comfortable and understanding about their husbands' need to go off with men friends still fall completely to pieces if the poor men show the slightest interest in any other women. Men got into the habit of talking to other men at parties, not so much because they really prefer male-talk as because they are afraid to talk to the women, for their wives will be jealous.

But husbands, and wives too, need now and then to see how they look to other people. What are parties for, if not to stimulate, give you points of comparison, so that each of you will bring something home new to the other? It not only helps you to feel attractive, it actually helps you to *be* more attractive. If a husband and wife each come home from a party feeling attractive they are bound to bring home a heightened love for each other.

When two people who love each other also want each other physically, it is hard to tell where love stops and desire begins. We all know what it is to feel very deep tender love with no physical desire in it. And many of us know what it is to feel desire and acute pleasure when we may be feeling temporarily quite unloving. These variations of feeling are completely normal and over a lifetime of marriage almost inevitable. When it comes to physical desire, every individual —man or woman—has a different wave-length, a different cycle of need. The cycles repeat themselves again and again through everyone's lifetime. The happiest couples are those who comfortably accept the fact that their cycles cannot possibly coincide all the time.

Even people who understand that desire ebbs and flows are often inclined to resent it. Love, they feel, should be above any dependence on cycles. Of course it not only should be, but is, even though our ability to

express love varies. Love-making is simply one expression of love. And it can't always be passionate, and probably shouldn't always be so. There is room in a lifetime of marriage for the whole spectrum of emotions.

Some women never feel quite the same need of love-making that men do, and never the same pleasure. It is hard for women like this to understand a husband's need and make him feel loved in return.

In our culture men are traditionally the sexually hungry ones. Yet some men have been brought up feeling so ashamed of their sexual needs that they have repressed them. They often feel less vital than they really are, and may seem to want considerably less love-making than their wives do. These men need the warmth of physical love far more than all the frankly hungry men.

Because women are not supposed to want or need as much love-making as men, a wife whose physical need is greater than her husband's is likely to make him feel inadequate, and then hostile because he feels inadequate. She herself is likely to feel abnormal, possibly even immoral. This all conspires to make her hostile too. So there is the making of a vicious circle. But it's one that a wife can break, though it may take considerable love and courage.

The whole question is whether her want warms her husband or frightens him. It will frighten him if she expects him to make love to her. Yet it can be the nourishment he has always needed if she is willing to make love to him. Each year a man grows older it is more important for his wife to let him know freely how much she wants him.

Everyone wants to be wanted, and what could possibly make a man feel more like a man than knowing his wife wants *him*? He may even need to be wooed, as a man woos a woman, to break down his anxieties. Thus a wife who is willing to do this may change her husband's whole life.

A wife has a happy advantage here. For, while it is hard for a man to woo his wife into ardour, if her love cycle is at a low ebb, most men only need to feel loved and wanted to find their own desire is far less dormant than they had thought.

Making love is a charmingly accurate phrase, for when lovers stop making love to each other in all the thousand little ways it can be made, it is almost certain to stop growing. Love-making means different things to different people; and, above all it means different things to the same people at different times. It can be fiercely primitive, a release from the bonds of civilization. It can be, and very often is, a feeling of truly religious communion.

There is no room in marriage for preconceived ideas about it —except that love-making literally does make love, which all people—and men especially—need today.—(Condensed from *"Help your Husband Stay Alive"* for *Reader's Digest*, Nov. 1957).

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Pleasant Topics in Lighter Vein

Publicity

Charles Lamb when at the India Office used to make up for coming late by going away early.—(*Reason*).

Quakers

There is in Kansas a law which reads "When two trains approach each other at a crossing, they shall both come to a full stop, and neither shall start up until the other has gone".—(*Medley*).

* * *

A stationmaster is said to have reported a murder as follows: 'The murderer entered the compartment from the platform, stabbed the victim savagely five or six times, and emerged on to the line from the opposite door—thus infringing the company's regulations.'—(*Through Science to Philosophy*: Herbert Dingle).

Relativity

Einstein once explained his *theory of relativity* in these words:—If you sit with a pretty girl for an hour it seems only a minute, but if you sit on a hot stove for only a minute it seems an hour."

Scotsmen

Controversy is Scotland's greatest national game.—(*Ian McLaren*).

* * *

A commercial traveller who had taken a large order endeavoured to persuade the Scottish manager who had given the order, to accept a box of cigars :

"Nae," said the manager, "don't try to bribe a man and I a member of the kirk."

"But won't you accept them as a present ?" persisted the traveller.

"I canna," replied the manager.

"Well then," said the traveller, "suppose I sell you the cigars for a nominal sum—say sixpence the box ?"

"Well in that case," said the manager, "since you press me, and not liking to refuse an offer well meant, I'll be taking two boxes!"

* * *

An old Scotsman was asked by a young member of the Salvation Army to give him a shilling 'for the Lord'. "How old are you," asked the Scotsman. "Twenty-three," was the reply. "Well I'm seventy-three," said the Scotsman, "and I'm thinking I'll be seeing the Lord before you, so I'll give it to Him myself."—(*The Table in a Roar*: James Ferguson).

* * *

The guests had each been asked to bring something with them to the feast. The Englishman brought a tin of biscuits, the Irishman brought a bottle of whiskey, and the Scotsman brought his brother.—(*The Table in a Roar*: James Ferguson).

* * *

A man left legacies to an Englishman, an Irishman and a Scotsman on condition that each put five pounds in his grave.

The *Englishman* put in a five pound note.

The *Irishman* put in a five pound note which he borrowed from the Englishman.

The *Scotsman* took out the two five pound notes and put in a cheque for fifteen pounds payable to bearer.

The Scotsman was annoyed some days later to learn that the cheque has been cashed—he had forgotten that the undertaker was a *Welshman*.—(*Fun and Frolic*).

Self Help

'The only effective way to help any man is to help him to help himself ; and the worst lesson to teach him is that he can be permanently helped at the expense of some one else.'—(*Theodore Roosevelt*).

* * *

A Quaker, when an oddity boasted that he was a self-made man, remarked "Friend, thou hast relieved the Creator of an awkward responsibility".—(*The Contemporary Review*).

Sermons

A sporting parson when congratulated on the excellence of his sermons replied that he never bought any but the best.—(*The Times Literary Supplement*).

* * *

An old lady with whom was staying a visiting preacher, whom she had just heard preach, asked him why he had become a minister. "I had a call from the Lord," he replied. To which the old lady responded "I think it must have been some other noise you heard".

Servants

In Kenya boys always demand a written character on leaving, but are often blissfully ignorant of its contents. One lad went round with this recommendation : "Juma has been my cook for six months, and now leaves me on account of illness—my illness".—(*Kenya Days*: M. A. Buxton).

* * *

Two Oxford dons entered a small restaurant in Paris. They wanted a modest meal but were persuaded by the old waiter-in-charge to order various elaborate dishes and choice wines. To their astonishment the bill came to about five shillings each. When asked how the proprietor could afford to supply such a dinner at such a price, the old waiter answered "He committed the unpardonable blunder of giving me notice to quit this morning".—(*To Teach the Senators Wisdom*: J. C. Masterman).

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